

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>09/508552</b>		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	/						51	/			
2		/					52	/			
3		/					53	/			
4		/					54	/			
5		/					55	/			
6		/					56	/			
7		/					57	/			
8		/					58	/			
9		/					59	/			
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11		/					61	/			
12		/					62	/			
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15		/					65	/			
16		/					66	/			
17		/					67	/			
18		/					68	/			
19		/					69	/			
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35		/					85				
36		/					86				
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38		/					88				
39		/					89				
40		/					90				
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42		/					92				
43		/					93				
44		/					94				
45		/					95				
46	/						96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	66						TOTAL DEP.				
TOTAL CLAIMS	69						TOTAL CLAIMS				